July 9, 2003

******Please hold a Rx Drug Town Hall Meeting******

******Saturday, July 19th******

House Democrats

Keeping Our Promise

Fighting for a Prescription Drug Benefit Seniors Can Count On

National Day of Prescription Drug Town Hall Meetings

Saturday, July 19th

As you know, the Democratic Caucus has just begun to fight the Republicans' sham prescription drug bills now in conference. The legislation passed by Republicans, especially in the House, could destroy the Medicare program that seniors have depended on since President Johnson signed it into law in 1965. So it is imperative that we expose the truth about these GOP bills to seniors, as well as explain our Democratic alternative.

On Monday, you should have received a Dear Colleague letter from **Leader Pelosi, Whip Hoyer, and Caucus Chairman Menendez asking your boss to take part in a National Day of Prescription Drug Town Hall Meetings on Saturday, July 19th** to call attention to the Democratic fight to protect Medicare and deliver a guaranteed, affordable prescription drug benefit that is available to all seniors.

A "How To" packet is attached that will give you everything you need to EASILY plan and implement a great event. This packet was also distributed to Members at this morning's Caucus. The packet includes:

- • Dear Colleague from Leadership

- • "How To": detailed instructions on how to set up and hold a "Prescription Drug Town Hall Meeting" in your Congressional District
- • Information on how to set up "robo-calls" to inform your constituents of the event
- • Two sets of sample press advisories, releases, and talking points to help you tailor the Democratic message to your District and generate media attention
- • Bill side-by-sides
- • A Letter to the Editor to help seniors take action ("Action Item")
- • Other helpful background materials

Additionally, the Leadership offices are coordinating support with third-party and seniors' advocacy groups such as the AFL-CIO, Fair Tax Coalition, USAction and the Alliance of Retired Americans. Once you have decided to hold a meeting, we will help you work with these groups to increase attendance at and attention to your meeting.

Even if you have already had meetings on Medicare or prescription drugs in your district, this effort should be one of the largest and most comprehensive in our Caucus's history, and it is important that you stand with us. A successful national Democratic campaign of this nature will draw proactive, positive media attention to this important issue - an issue that belongs to Democrats.

Please contact us today to let us know whether you are or are not able to join in this Caucus effort to win the Prescription Drug issue with seniors.

Contact Stacey Farnen in the Democratic Whip's Office at 5-3130 or Jennifer Crider in the Democratic Leader's office at 5-0100 as soon as possible.

July 7, 2003

We Need <u>You</u> to Bring the Truth Home to Seniors . . .

Democratic Leaders Urge Colleagues to Hold
National Day of Prescription Drug Town Hall Meetings
On Saturday, July 19th

Dear Democratic Colleague:

We need <u>you</u> to bring the truth home to America's seniors: The legislation passed by Congressional Republicans on prescription drugs is a wolf in sheep's clothing. It could destroy the Medicare program that seniors have counted on since President Johnson signed it into law in 1965.

Thus, we urge you to hold a "Prescription Drug Town Hall Meeting" in your Congressional District on Saturday, July 19, as part of House Democrats' National Day of Prescription Drug Town Hall Meetings.

We ask that you meet with your constituents on this day to educate them about the Republicans' dangerous plan, as well as to tell them that House Democrats are continuing to fight to add a prescription drug benefit to Medicare that is guaranteed, affordable, and available to all seniors and disabled Americans.

While we lost a vote on June 27, the fight continues. And it's our strong belief that Democrats must take this debate directly to our seniors – perhaps the most politically astute group in America. The best way to do that is through the give-and-take of town hall meetings that individually generate favorable media coverage in your District and collectively generate a pro-active, positive message about House Democrats in the national media.

We are working with the Alliance for Retired Americans and other groups to help every Member hold a productive and well-attended meeting. We will be sending out a "How To" packet later this week with sample press releases, advisories, talking points and other helpful materials to help you plan your town hall meeting.

At this time, please reserve a place in your schedule to hold at least one "Prescription Drug Town Hall Meeting" on Saturday, July 19. If you have any questions, please contact Stacey Farnen in the Democratic Whip's Office at 5-3130 or Jennifer Crider in the Democratic Leader's Office at 5-0100.

Sincerely,

Nancy Pelosi	Steny H. Hoyer	Robert Menendez
Democratic Leader	Democratic Whip	Democratic Caucus Chair

DEMOCRATS KEEPING OUR PROMISE

HOW TO PLAN YOUR JULY 19TH Rx DRUG TOWN HALL MEETING

A town Hall meeting will provide the perfect forum for you to talk with seniors about Democrats' fight to provide them with a meaningful prescription drug benefit and the GOP's determination to provide an inadequate benefit, and also tap into the intense media interest around this issue.

With your participation, the Democratic message will blanket local and national media on Saturday, July 19th. At the end of that day, seniors will know that it is the Democratic Party that is fighting for them.

Below is a planning guide to help you plan your Prescription Drug Town Hall Meeting:

Week of July 7th:

- **Choose the location.** Keep in mind the number of people expected, audio/visual requirements, parking and needs of the disabled. It is a good idea to tie-in the location with the purpose of the event, so it may be a good idea to hold your event at a retirement home or senior center.
- **Choose and confirm any additional speakers or panelists.** You may wish to invite an expert from a local university or think tank that can reiterate the Democratic prescription drug message from a different point of view. Participating advocacy groups may also be helpful in locating outside speakers.
- **Invite special guests.** You may want to invite civic association leaders, local government officials and other special guests.
- **Create an agenda.**
- **Determine a budget.** This is only necessary if you would like to mail notices or purchase newspaper advertisements announcing the town hall (be sure to get franking approval for any advertisements and mailings when necessary).
- **Secure an interpreter for the hearing impaired.** (If possible)

- **Produce and distribute announcements.** Post on local community paper, community center, senior center bulletin boards, local radio etc. Be sure to leverage any local senior organizations, such as NARFE chapters, local Office on Aging, health departments. You may also want to do a personal letter to ALL local senior centers and enclose fliers (be sure to do a follow up call).

Week of July 14th :

Monday

- **Send out a media advisory to the press and make calls to notify local media.** (See attached samples)
- **Confirm details.** Confirm the location, guest speakers, special guest attendance, A/V equipment, other details.
- **Schedule pre-event meeting with member and appropriate staff.**

Tuesday

- **Print all event documents.** Print copies of the agenda or program for attendees, biographies of participants, registration or sign-in forms, press releases, directional signs and action items for seniors (see attached Letter to the Editor)
- **Determine how conference material will arrive on site.**

Wednesday, Thursday, Friday

- **Walk through.** Go through the location to check on final room set-ups (including location and number of chairs, location of speakers, registration table, refreshment table, A/V equipment location) and to determine a holding room on-site for Member and special guests or guest speakers
- **Review any menus/food service/coffee setups.**
- **Re-send media advisory to the press and make calls to remind local media**

The day of the Meeting

- **Arrive early.** Arrive with enough time to check the facility including the cooling and heating in each room, room set-up, A/V/ equipment, lighting, directional signs, registration table, etc.
- **Know where the restrooms and telephones are located.**

- **<u>Encourage participants to use action item.</u>** (See attached sample) Encourage participants to take a sample letter to the editor to send to the local paper or to use to write their own.
- **<u>Send out a press release announcing final attendance, a photo and results of the town meeting.</u>** (See attached samples)

After the Meeting

- **<u>Send thank you notes to all who participated</u>**.

DEMOCRATIC CAUCUS
U.S. HOUSE OF REPRESENTATIVES

Robert Menendez, Chairman
James E. Clyburn, Vice Chair

To: Democratic Colleagues
From: Robert Menendez, Chairman
James E. Clyburn, Vice Chair
Date: April 30, 2003
Re: Using Recorded Phone Messages as a Communications Tool

The Democratic Caucus has been contacted by a couple of vendors who have worked with Democratic Members to provide them an alternative form of communication with their constituents – pre-recorded phone messages.

In 1998 the Committee on House Administration amended the Regulations Governing the Use of the Members' Representational Allowance to include automated/recorded phone calls as an authorized communication media. At that time the Committee also authorized the reimbursement of the costs of related services from a Member's MRA when such costs are incurred in support of the Member's official and representational duties to the district from which he/she has been elected.

The attached document provides information on recorded phone calls, suggested uses, and examples of scripts used for the messages. In addition, it includes information on vendors who have contacted the Democratic Caucus about this form of communication, although this is not an exhaustive list. If you have any questions, please contact Karissa Willhite at the Democratic Caucus (6-3210).

Why use phones?

Member recorded phone calls are an extraordinarily effective and cost efficient tool for keeping in touch with constituents.

- Cheaper
- Faster
- Assured contact
- More personal mode of contact
- Immediate return of information
- Pay only for contact
- Less staff time required

What are the uses of recorded calls?

- **Introduction Calls**

  - Due to redistricting many Members have a large number of new constituents. Take the opportunity to introduce yourself, and give important contact information such as local office phone numbers and a website where they can go if they have questions or concerns.

- **Legislative Information and Update**

  - Call constituents to inform them about a current issue and record their responses through a touch pad response system. Including a phone number they can call for more information on the issue invites them to keep in touch with you.
  - Let your constituents know what legislation passed or didn't pass and how you voted.

- **Issue Identification**

  - Record a message that includes a list of hot and current issues
  - Ask your constituent which issues are most important
  - Constituent will indicate top issue by pressing key and/or recording a voice message
  - Transcriptions of the messages can be delivered to your office in a matter of days
  - You hear directly from constituents on their priorities
  - Constituents can easily participate in a dialogue w/ you
  - Data returned can be used for targeted ongoing contact and follow up

- **Town Hall Meeting Announcements**

  - Invite constituents to an upcoming Town Hall meeting in their area with a member recorded phone call, and let them know what the agenda will be.

- **Government Benefit Alert**

  - A quick and effective way to keep constituents informed about important government benefits they are eligible for, such as Social Security benefits, Medicare, etc. Attaching a phone number to call for more information allows the citizen to get real answers fast.

- **Grants and Projects Announcements**

  - Alert district members to grants and projects secured for the District by the Member.

- **Use every call to remind your constituents:**

  - How to contact you
  - Your website address
  - Where your offices are located
  - Your Office hours

What are the applicable statutes, rules, and/or regulations?

The use of automated pre-recorded phone calls in support of official and representational business and the reimbursement from the MRA of related expenses incurred are subject to the following regulations and procedures:

1. The purchase costs of equipment or software with a value over $500.00 the sole purpose of which is the production and/or distribution of automated phone calls are not eligible for reimbursement from the MRA.
2. The content of the script/text of the phone call must be ***eligible*** for distribution under the frank. For the applicable content regulations, please refer to the Regulations on the Use of the Congressional Frank (http://www.house.gov/cha/franking.PDF).
3. If more than 500 calls of substantially identical content will be made during a session of Congress, the communication is considered to be an unsolicited mass communication and as such is subject, in addition to the regulations noted above, to the following regulations:
    a. The script/text of the call requires an Advisory Opinion from the Franking Commission ***prior*** to being disseminated.
    b. The script/text of the call may not include any slogans, promises, etc. contained in the Member's campaign literature or communications.
    c. The distribution must be limited to the congressional district from which the Member has been elected.
    d. Such phone calls may not be distributed 90 days prior to a primary, general, or special election in which the Member's name will appear on an official ballot as a candidate for election or re-election to any public office.

SAMPLE SCRIPTS

Congressman Brad Carson
Recorded Message Script
Spring 2002 Town Hall Series

BLUEJACKET OFFICE HOURS 3/22 at 2pm

"Hello, this is Congressman Brad Carson. I'm calling today to let you know about the office hours that I'm holding in Bluejacket on Friday, March 22nd. I want to meet with you, one-on-one, to hear about issues that matter to you and your family. The office hours will be held at the Bluejacket Senior Center on March 22nd from 4 to 5 pm. Feel free to call my office at (918) 341-9336 if you have any questions. Thanks, I hope you can drop by!

Draft Script – War in Iraq

Hi, this is Congressman _____. In this uncertain time of war with Iraq I wanted to take a moment to reach out and assure you that my office is here for you. If you have loved ones overseas, in the armed services or if you have any questions or concerns please feel free to call my office at 202-225-____. I'm hopeful that this war will be quick and decisive and that our men and women in the armed services will be home safe very soon. Our prayers are with them. Again you can contact my office at 202-225-____. Thank you and God bless America.

Draft Script -- Issue Identification

Hello, this is your Congressman, Jim Smith, with a very quick survey. Please tell me which of the following issues, **the economy**, **education**, or **healthcare** is most important to you and your family .

Please **press 1** now if the economy is most important issue to you.
Press 2 now if education is most important issue to you.
Press 3 now if healthcare is the most important issue for you.
If some other issue is most important to you please **press 4** and wait for the beep to record a message for my staff and me to review.
Please press a key now.

[If presses 1-3]Thank you if you would like to register other concerns please press any key now and we will return you to the main menu. Otherwise just hang up we will get back to you in several weeks with any information or upcoming legislation pertaining to the [issue chosen].

[If presses 4] Thank you after the tone please record the issues or issues that concern you. If you leave your name and phone number I will be sure that somebody follows up with you in the next several weeks [tone]

[Closing] Thank you for making your voice heard. Rest assured that I'll fight for you and your family on Capitol Hill. Goodbye**.**

VENDORS WHO HAVE CONTACTED THE DEMOCRATIC CAUCUS:

LSG Strategies
Principals:
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Suggested Advisory #1

News From
The United States Congress

For Immediate Release
July 14, 2003

Contact:

Representative X to Hold Town Hall Meeting with Seniors on Potential Prescription Drug Plan

To Explain How Democrats Keep Promise, GOP Fails Seniors

CITY – Representative X will talk with local seniors this Saturday, July 19th to discuss the prescription drug program currently being debated in Congress. This event is part of a National Day of Prescription Drug Town Hall Meetings being held across the country by Democratic Members of Congress. The GOP-controlled Congress could pass a complicated Republican plan that would privatize Medicare, force seniors to leave trusted doctors and hospitals, leave a huge gap in coverage, fail to lower drug prices, and provide no guaranteed benefit or premium.

Representative X will explain to seniors how Democrats are fighting for what they promised seniors - a prescription drug benefit that is voluntary, guaranteed, available to all and provided as part of the Medicare program - while Republicans are breaking promises and failing seniors.

WHO: Representative X, Local Seniors

WHAT: Town Hall Meeting on Potential Prescription Drug Plan

WHERE: XXX
1234 Main Street
Anywhere, USA

WHEN: Saturday, July 19 at XX:XX a.m.

Suggested Advisory #2

News From
The United States Congress

For Immediate Release
July 14, 2003

Contact:

Representative X to Hold Town Hall Meeting with Seniors on Potential Prescription Drug Plan

To Explain How Democrats Are Keeping Their Promise to All Seniors

CITY – Representative X will talk with local seniors this Saturday, July 19th to discuss the prescription drug program currently being debated in Congress. This event is part of a National Day of Prescription Drug Town Hall Meetings being held across the country by Democratic Members of Congress. The GOP-controlled Congress could pass a complicated plan that could leave seniors, especially those living in rural areas, without any prescription drug coverage and fail to lower drug prices.

Representative X will explain to seniors how Democrats are fighting for what they promised all seniors - a prescription drug benefit that is voluntary, guaranteed, available to all and provided as part of the Medicare program - while Republicans are breaking promises and failing seniors.

WHO: Representative X, Local Seniors

WHAT: Town Hall Meeting on Potential Prescription Drug Plan

WHERE: XXX
1234 Main Street
Anywhere, USA

WHEN: Saturday, July 19 at XX:XX a.m.

Suggested Press Release #1

News From
The United States Congress

For Immediate Release
July 19, 2003

Contact:

Representative X Tells Seniors: Democrats Are Keeping Our Promise on Rx Drugs

GOP Plan Wrong Prescription For [State] Seniors

CITY - Representative X met with local seniors today to discuss Democratic efforts to provide seniors with a prescription drug benefit that is voluntary, guaranteed, available to all and provided as part of the Medicare program. The GOP-controlled Congress is considering a controversial and complicated Republican plan that could privatize Medicare, leave seniors at the mercy of HMOs and private insurance plans, provide no guaranteed benefit or premium, leave a huge gap in coverage, and fail to lower drug prices.

This event is part of a National Day of Prescription Drug Town Hall Meetings being held across the country by Democratic Members of Congress.

"Democrats are keeping their promise to seniors on prescription drugs, while the Republican Party is failing seniors," said Representative X. "The plan being deliberated by Republicans right now could privatize Medicare under the guise of 'modernization,' leave seniors with huge gaps in coverage or without any coverage at all, and fail to control the rising costs of prescription drugs."

"Democrats fought for a plan that provides a real drug benefit that works like the rest of Medicare, with a $25 monthly premium, a $100 deductible, a 20 percent coinsurance, and no gaps in coverage. The Democratic plan would also have reduced prescription drug prices by giving the Secretary of Health and Human Services the authority to use the purchasing power of 40 million Medicare beneficiaries to negotiate fair prices, allowing the importation of FDA-approved drugs from Canada for resale in the U.S., and reducing the amount of time it takes to bring low-cost generic drugs to market. Democrats are continuing to fight for these principles to be included in a final prescription drug plan.

"In contrast, the Republican plan could force seniors and disabled Medicare beneficiaries to obtain prescription drug coverage from HMOs and private insurance companies though private

drug-only plans do not currently exist and may not materialize leaving seniors at risk of having access to only unaffordable coverage or none at all.

"Private insurance companies could determine the premiums and benefits they would offer seniors, meaning seniors have no guarantees on how much they would pay for coverage or what kind of coverage they could count on. Private insurance plans could be allowed to leave the program after only a year, which could force seniors to search for new coverage, leave trusted doctors and hospitals, and even have to change the medicine they take every twelve months.

"The Republican plan is also likely to leave a huge gap in coverage when seniors reach a certain level of drug spending, forcing them to continue paying a premium for months while receiving no help with their drug bills just when they need it the most.

"The Republican plan could also do little to contain skyrocketing prescription drug prices. In fact, in the House version, the Secretary of Health and Human Services is prohibited from negotiating lower drug prices as the Veterans Affairs Secretary does currently.

"Finally, Republican leaders have stated publicly that they favor ending Medicare and moving seniors from the safety of that proven program to the volatile and complicated world of private insurance plans. The Republican plan could end traditional Medicare by forcing it to compete with private plans starting in 2010, which would put the traditional Medicare government program in an impossible position as it continues to cover the sickest and most expensive seniors who have been denied coverage by private plans.

"Seniors who want to stay in traditional Medicare could suddenly face increases in premiums – making traditional Medicare too expensive for seniors on fixed incomes. The Health and Human Services Department estimates that seniors could face a 25% increase in premiums!

"The Republicans are working on a plan that makes HMOs and pharmaceutical companies wealthy rather than making seniors healthy. I am going to continue to fight to provide seniors with what I promised – a prescription drug benefit that is voluntary, guaranteed, available to all and provided as part of the Medicare program," added Representative X. "But I will not succeed if seniors in [state] and across America do not call upon Republicans in Congress and President Bush to keep their promise to seniors and provide a real prescription drug benefit."

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Suggested Press Release #2

News From
The United States Congress

For Immediate Release
July 19, 2003

Contact:

REPRESENTATIVE X KEEPS PROMISE ON PRESCRIPTION DRUGS

Fights for Affordable Benefit for <u>All</u> [State] Seniors,
Against Confusing Plan Which Could Leave Rural Seniors Behind

CITY – U.S. Representative X met with local seniors today to discuss [his/her] efforts to provide seniors with a prescription drug benefit that is voluntary, guaranteed, available to all and provided as part of the Medicare program. Congress is currently considering a controversial and complicated plan that could privatize Medicare, leave seniors - especially those living in rural areas - vulnerable to having no drug coverage, and fail to lower drug prices. This event is part of a National Day of Prescription Drug Town Hall Meetings being held across the country by Democratic Members of Congress.

"Seniors in [state] and across America desperately need assistance in paying for their prescription drugs," said Representative X. "I support a fiscally responsible plan that stays within our budget constraints and would not overburden taxpayers while providing seniors with a prescription drug benefit, broader, more affordable coverage in rural areas and help to rural providers.

"The Democratic plan I support establishes a new drug benefit for Medicare beneficiaries, and it also provides an important government 'fallback' option in areas where there are not at least two private plans available," continued X.

Nearly one in four Medicare beneficiaries – 9.3 million seniors and disabled Americans – live in rural counties. And, 80 percent of rural Medicare beneficiaries – 7.4 million – live in an area that private plans have chosen not to serve.

"The plan I support also accelerates and improves the assistance to rural providers, and includes better access to generic drugs, which means lower prices for seniors. Finally, it allows the Secretary of Health and Human Services to negotiate discounts with drug companies to save seniors and taxpayers money.

"In sharp contrast, Congressional Republicans are deliberating on a confusing and complex plan that relies on private insurance companies to provide prescription drug coverage without any 'fallback' plan, this could leave seniors, especially rural seniors, without any benefit at all. Their plan also does little to help seniors with skyrocketing drug prices and actually prohibits the Secretary of Health and Human Services from even talking to the drug companies to negotiate lower drug prices for seniors.

"Finally, the plan would lead to the privatization of Medicare, even though this is a successfully run program that thousands of [state] seniors depend on to stay healthy. Forcing Medicare to compete with private plans starting in 2010 would put it in an impossible position as it continues to cover the sickest and most expensive seniors who have been denied coverage by private plans. Also, if traditional Medicare costs more than private plans then for the first time, seniors will have to pay more money to stay in Medicare or give up the choice of doctors they rely on," added Representative X.

"I am going to keep my promise to seniors and continue to fight for an affordable, guaranteed prescription drug plan under Medicare that seniors can count on to make a real difference in their wallets," added Representative X. "But I will not succeed if seniors in [state] and across America do not call upon Congress and President Bush to keep their promise to seniors and provide a real prescription drug benefit."

###

Suggested Talking Points – Set 1

KEEPING OUR PROMISE

Town Hall Meetings on Prescription Drugs
Saturday, July 19th

House Democrats are strongly encouraged to use the following messages at Town Hall Meetings in their Congressional Districts on Saturday, July 19th, to discuss with seniors how Democrats are keeping their promise to fight for a real prescription drug benefit while the Republicans' prescription drug legislation betrays them:

- **House Democrats are keeping our promise on prescription drugs. We continue to fight for a prescription drug benefit under Medicare that is guaranteed, affordable, available to all and provided as part of the Medicare program.** Seniors would pay a $25 monthly premium, a $100 annual deductible, and 20% co-insurance. Under the House Democrats' plan, there is no gap in coverage. Furthermore, Democrats seek to reduce prescription drug prices by authorizing the Secretary of HHS to use the purchasing power of Medicare's 40 million beneficiaries to negotiate fair prices.

- **The GOP is breaking its promise to seniors. Republican prescription drug legislation fails to meet seniors' needs, leaving a significant gap in coverage, failing to guarantee a defined premium, and failing to ensure that prescription drugs will be affordable.** Under the House GOP bill, seniors pay the first $250 of their drugs costs, then 20% up to $2,000. They receive no assistance at all between $2,000 and $4,900. This GOP bill also allows insurers to vary their benefit levels and prices around the country, and limit access to specific drugs and pharmacies. It fails to guarantee the same benefits for the 9.2 million Medicare beneficiaries in rural communities. And, it even prohibits the Secretary of HHS from negotiating a better price for seniors.

- **This GOP bill is designed to "privatize" Medicare, leaving seniors at the mercy of HMOs and private insurance plans.** This GOP bill uses private drug-only plans – plans that do not exist anywhere today – to administer the prescription drug program. These programs could force seniors to leave trusted doctors and hospitals. Even worse, by 2010, the House bill turns the traditional Medicare program into a voucher program.

Suggested Talking Points – Set 2

KEEPING OUR PROMISE

Town Hall Meetings on Prescription Drugs
Saturday, July 19th

House Democrats are strongly encouraged to use the following messages at Town Hall Meetings in their Congressional Districts on Saturday, July 19th, to discuss with seniors how Democrats are keeping their promise to fight for a real prescription drug benefit while the Republicans' prescription drug legislation betrays them:

- **House Democrats are keeping our promise on prescription drugs. We continue to fight for a prescription drug benefit under Medicare that is guaranteed, affordable, available to all and provided as part of the Medicare program.** We support a fiscally responsible plan that stays within budget restraints and provides seniors with a drug benefit and more affordable coverage in rural areas. Our plan accelerates and improves assistance to rural providers and includes better access to generic drugs, which means lower drug prices. Further, our plan allows the Secretary of Health and Human Services to negotiate discounts with drug companies to save seniors and taxpayers money.

- **The GOP is breaking its promise to seniors by failing to meet seniors' needs.** Congressional Republicans have proposed a confusing and complicated plan that relies on private insurance companies to provide prescription drug coverage without any fallback plan in the event private insurers refuse to offer such coverage in some areas. This could leave seniors – especially rural seniors – without any benefit at all. The GOP plan does little to help seniors with skyrocketing drug costs. And it prohibits the Secretary of HHS from even talking to drug companies to negotiate lower drug prices for seniors.

- **This GOP bill is designed to "privatize" Medicare.** Under this GOP bill, Medicare would be forced to compete with private plans starting in 2010, putting Medicare in an impossible position where it continues to cover the sickest and most expensive seniors who have been denied coverage by private plans. This inevitably will force Medicare to raise premiums for seniors who choose traditional Medicare.

Medicare Prescription Drug Bill:
Senate Finance vs. House GOP vs. Democratic Proposal

	Senate Finance Committee Bill (S. 1)	House GOP Bill	House Democratic Bill (H.R. 1199)
Coverage Gap	**YES - AFFECTING 12% OF BENEFICIARIES** No coverage for drug costs from $4,500 to $5,800.	**YES - AFFECTING 47% OF BENEFICIARIES** No coverage for drug costs from $2,000 to $4,900.	**NO** There is no coverage gap.
Guaranteed Lower Drug Prices	**NO** The Secretary of HHS is prohibited from negotiating lower drug prices. Instead, private insurers negotiate separately on behalf of subsets of the Medicare population, diminishing the program's group negotiating power.	**NO** The Secretary of HHS is prohibited from negotiating lower drug prices. Instead, private insurers negotiate separately on behalf of subsets of the Medicare population, diminishing the program's group negotiating power.	**YES** The Secretary of HHS uses the collective bargaining clout of all 40 million Medicare beneficiaries to negotiate lower drug prices. These reduced prices will be passed on to beneficiaries. The bill also includes measures to reduce drug prices for all Americans, including expanding the availability of generic drugs by closing loopholes used by drug companies to extend their patents.
Guaranteed Minimum Prescription Drug Benefit	**NO** Beneficiaries are forced to use private insurance companies for drug coverage, rather than Medicare. Although the benefit offered by private insurers has to be "actuarially equivalent" to a "benchmark," benefit and premiums will vary widely.	**NO** Beneficiaries are forced to use private insurance companies for drug coverage, rather than Medicare. Although the benefit offered by private insurers has to be "actuarially equivalent" to a "benchmark," benefit and premiums will vary widely.	**YES** Medicare covers prescription drugs like other Medicare benefits, with guaranteed benefits, premiums, and cost sharing for all beneficiaries who wish to participate.
Turns Medicare into A Voucher Program	**NO** While HMOs and PPOs are encouraged to compete with each other, traditional fee-for-service Medicare remains.	**YES** Traditional Medicare program is chopped into 10 or more regional plans in 2006 and then basically turns into a voucher program – rather than a defined benefit program – in 2010.	**NO** No provisions.
Guaranteed Monthly Premium	**NO** (Sponsors estimate an average premium of about $35/month, but private insurance companies will set premiums, which could be much higher.)	**NO** (Sponsors estimate an average premium of about $35/month, but private insurance companies will set premiums, which could be much higher.)	**YES** Specified in statute. $25/month.
Annual Deductible	**$275** (or amount that makes benefit "actuarially equivalent")	**$250** (or amount that makes benefit "actuarially equivalent")	**$100** (specified in statute)

	Senate Finance Committee Bill (S. 1)	House GOP Bill	House Democratic Bill (H.R. 1199)
Co-Payments Paid by Beneficiary	**YES** Under "benchmark" benefit, beneficiary pays 50% of drug costs up to $4,500. Then beneficiary pays 100% up to $5,800.	**YES** Under "benchmark" benefit, beneficiary pays 20% of drug costs up to $2,000. Then beneficiary pays 100% up to $4,900.	**YES** Beneficiary pays 20% of drug costs until catastrophic cap of $2,000 in out-of-pocket expenses is reached. Then beneficiary pays 0%.
Catastrophic Coverage	**NONE** Beneficiary has to continue paying 10% copayment once the coverage gap stops at $5,800.	**WEAK** When drug costs exceed $4,900, 100% of drug costs are covered (except for higher-income beneficiaries; see below).	**STRONG** When out-of-pocket costs exceed $2,000, 100% of drug costs are covered.
Means-Testing Provision	**NO** No provisions.	**YES** For higher-income beneficiaries, catastrophic coverage would start at higher thresholds than $4,900 – rising to $13,200 for the highest-income.	**NO** No provisions.
Fallback Prescription Drug Plan	**YES** Provides a government fallback prescription drug plan in regions where two private drug plans fail to emerge.	**NO** Does not provide a government fallback prescription drug plan in regions where two private drug plans fail to emerge.	**NOT APPLICABLE** Not applicable. Under bill, all beneficiaries already have the option of a government prescription drug plan.
Ensures Same Benefit and Same Premiums for Rural Beneficiaries	**NO** By creating different regions with different rules, and relying on private insurance plans to offer coverage, the bill does not guarantee the same benefit and premiums to rural beneficiaries.	**NO** By creating different regions with different rules, and relying on private insurance plans to offer coverage, the bill does not guarantee the same benefit and premiums to rural beneficiaries.	**YES** By establishing a uniform prescription drug benefit under the Medicare program, rural beneficiaries are guaranteed access to the same benefit and premiums as their urban counterparts.
Coverage for Prescribed Medicines	**LIMITED** Private drug insurers can deny coverage for drugs not in their "formulary."	**LIMITED** Private drug insurers can deny coverage for drugs not in their "formulary."	**YES** Medicare beneficiaries have coverage for all drugs prescribed by their doctor.
Increases Costs for Doctors' Visits	**YES** Raises the Medicare Part B deductible and indexes it for inflation.	**YES** Raises the Medicare Part B deductible and indexes it for inflation.	**NO** No increased costs.
Lower-Income Protections	**WEAK** Eliminates Medicare coverage for low-income seniors below 74% of poverty. But gives significant subsidies up to 160% of poverty.	**WEAK** Significant subsidies up to only 135% of poverty; imposes asset tests that may disqualify up to 40% of otherwise low-income beneficiaries.	**STRONG** No cost sharing or premiums up to 150% of poverty; sliding scale premiums between 150% and 175% of poverty. No assets test.

MEDICARE PRESCRIPTION DRUGS:
Blue Dog Alternative vs. Thomas Bill

	Blue Dog Alternative (Motion to Recommit)	**House Bill**
Premiums	$35 (estimated)	$35 (estimated)
Deductible	$275	$250
Cost to Beneficiary	Thru $4500 – 50%	Thru $2000 – 20%
Coverage Gaps	$4500 - $5800 total drug costs. * $5800 total spending equals beneficiary out-of-pocket spending of approximately $3700.	$2000 – Variable * Upper limit varies depending on income.
Catastrophic	$3700 15% coinsurance per prescription after	$3500 to $12,100
Incentives for Employers to Maintain Coverage	Phases-in percentage of employer contributions that can be applied to total drug costs.	Government pays employers back for 28% of the costs incurred for retiree prescription drugs.
Mechanism	Medicare **and** Private Sector	Private Sector
Guaranteed Fall-Back	Yes. Guaranteed Medicare fall-back in all areas without 2 or more plans competing.	No.
Maintains Traditional Medicare	Yes.	No. Direct competition and premium support begins in 2010.
Premium Support	No	Yes
Low-Income	**Thru 135% FPL:** No premiums or deductibles Coinsurance paid on sliding scale based on income. **135-160% FPL:** $50 deductible No premium 10% coins thru $4500 20% coins in gap 10% coins post catastrophic	**Thru 135% FPL:** No premium. Copays: $2 per generic $5 per brand name. **135%-150% FPL:** Premiums phased in on sliding scale.
Secretary Authority to Negotiate Prices	Yes	No
Allows Re-Importation without Secretarial Certification	Yes	No
Strong Language Improving Access to Generic Drugs	Yes	No
Rural Provisions	Approx $29 Billion	Approx $28 Billion
Total Cost	$400 Billion	$393 Billion

SAMPLE LETTER TO THE EDITOR ON PRESCRIPTION DRUGS

Date

To the Editor:

I am writing in regard to the Medicare proposals that are now being discussed in Congress. My out of pocket costs for my prescription drugs are very high. I pay $___ a month for medicines that I need to survive. I am glad that the government is realizing that the Medicare program needs to be reformed to include a prescription drug benefit that will cover the outrageous prices seniors pay for drugs, but I am confused, hurt and angry that no meaningful legislation has been discussed.

The President said on June 12 that "if a senior wants to stay in the current Medicare system, they should have that option. And that option should include a prescription drug benefit." But now Congress has passed complicated legislation that fails to provide seniors with a stable, guaranteed drug benefit, and which seems to try to push us out of our traditional Medicare into private insurance.

This new legislation will give seniors the "option" of selecting a managed care program – but what about seniors who live in rural areas? More than 80% of rural Medicare beneficiaries live in counties that do not have any managed care programs. According to the Senate bill, those seniors will have to stay in the Medicare program, and what do they get instead of "options?" Higher premiums! The House Republican bill is even worse. It has no fallback plan if HMOs don't materialize in rural counties and would turn Medicare into a voucher program rather than a bedrock American guarantee.

The fact that seniors need to have a prescription drug benefit seems pretty straightforward to me, but the proposed legislation gets even more convoluted. According to the House bill, any senior spending between $2,000 and $4,900 in drugs costs will have no benefit coverage. We'd still be paying the premiums but get nothing in return.

I have worked hard throughout my life and have paid my dues. Now it's time for me to receive them back. Seniors like me need the option of a prescription drug benefit under Medicare that is affordable, guaranteed, and available to all.

Sincerely,

June 24, 2003

House GOP Plan for Medicare Prescription Drugs Disadvantages Seniors and the Disabled In Rural America

The House GOP approach to Medicare prescription drugs does not guarantee equal benefits for seniors and people with disabilities living in rural areas, where millions of Americans have already been abandoned by HMOs in search of bigger profits elsewhere.

Nearly one in four Medicare beneficiaries - 9.3 million seniors and disabled Americans - live in rural counties. And 80 percent of rural Medicare beneficiaries - 7.4 million - live in an area that private insurance plans have chosen not to serve.

Under the GOP approach, seniors and disabled Medicare beneficiaries can obtain their prescription drug coverage only from HMOs and private insurance companies – with no option to receive their drug coverage through traditional Medicare. By relying on private insurance companies to offer coverage, the GOP legislation leaves rural Medicare beneficiaries at the mercy of private plans.

A Record of Poor Service

HMOs and other private health plans do not serve rural areas well. According to the government's own advisory board, the Medicare Payment Advisory Commission, only 19 percent of rural Medicare beneficiaries have the option of enrolling in a Medicare managed care plan in 2003. That contrasts with 74 percent of Medicare beneficiaries living in urban areas.

When HMOs do serve rural areas, they tend to be unreliable. In 1999, 95 percent of seniors and disabled Americans in Delaware, and 76 percent of seniors and disabled Americans in Utah, were dropped by an HMO. In 2002, 90 percent of Medicare beneficiaries in Arkansas were dropped, and in 2003, 54 percent of Medicare beneficiaries in Kansas were dropped. In each case, Medicare beneficiaries at least had the option of returning to traditional Medicare - an option that will not exist for prescription drug coverage under the House GOP legislation.

No Guarantee of Prescription Drug Coverage in Rural America

The House GOP legislation relies on untested new private drug-only plans to provide prescription drug coverage, along with HMOs. These private plans can decide whether or not to serve rural areas, and they can decide to leave every 12 months.

As noted above, the House GOP legislation - unlike the Senate's bill - contains no "fallback option" to allow traditional Medicare to provide prescription drug coverage if private plans decline to provide coverage in rural areas. (While the House bill would allow the HHS Secretary to pay plans more to try to entice them into rural districts, if private plans choose to ignore rural America, beneficiaries living in those areas get nothing under the House GOP bill.)

No Measures to Control Costs in Rural America

The House GOP legislation contains no measures to control the costs of prescription drugs. In fact, the bill expressly prohibits the Secretary of Health and Human Services from negotiating with drug companies to lower costs for Medicare beneficiaries.

HMOs and insurance companies will decide which geographical areas to enter, how much to charge, and even which prescription drugs seniors and disabled Americans can get. Premiums and deductibles are not guaranteed, and the $35 premium estimate often used by Rep. Thomas is no more than a "suggestion" to the private insurance plans.

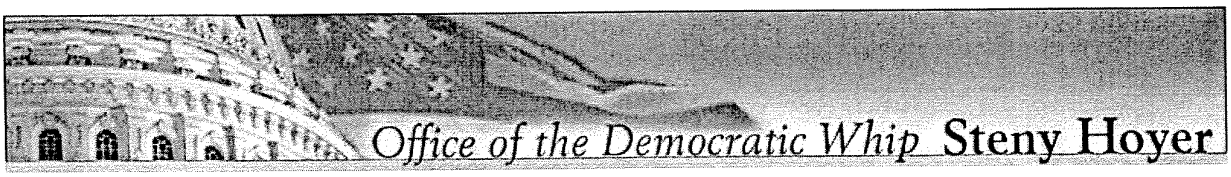
Under the House GOP legislation, premiums are based on a formula that relies on the actuarial cost to the plan of providing the benefit. Since there are fewer beneficiaries in rural areas, and they tend to be older and have more chronic diseases, premiums in rural areas will escalate.

Vouchers - Not Guaranteed Benefits

Going much farther than the Senate's bill, the House GOP legislation would convert traditional Medicare -- the basic program that provides coverage for hospital stays and doctors' visits -- to a voucher program in 2010.

Under the House GOP legislation, Medicare would be chopped up into ten or more pieces and required to compete against HMOs and private plans. Since there are fewer beneficiaries in rural areas and they tend to be older and sicker, premiums for traditional Medicare in rural areas will increase dramatically. When a similar version of this misguided policy was debated during the Medicare Commission in the late 1990s, Medicare's Chief Actuary estimated that it would raise premiums in traditional Medicare by 47%. Under the House GOP plan, seniors and disabled Americans in rural areas would have only two choices - stay in traditional Medicare and pay much more out of their own pockets, or give up the choice of doctors they rely on.

Despite assurances that the voucher program will only operate in areas with two or more private plans, the fact is that 15 percent of rural beneficiaries already fall into that category. And this legislation takes significant steps to make participation by PPOs and other managed care plans more attractive (e.g., by enlarging service areas). As a result, over time, more and more rural areas will be at risk of losing traditional Medicare even for basic services like hospital stays and doctors' visits.



GOP'S PLAN FOR MEDICARE

"Let It 'Wither on the Vine'"

"To those who say that [the bill] would end Medicare as we know it, our answer is: We certainly hope so."

-Bill Thomas, Chairman of the Ways and Means Committee, MSNBC, 6/25/03

"I believe the standard benefit, the traditional Medicare program, has to be phased out."

- Rick Santorum, Chairman of the Senate Republican Conference, 5/21/03

In 1995, former House Majority Leader Dick Armey said he "deeply resents the fact that when I'm 65, I must enroll in Medicare."

- Chicago Tribune, 7/11/95

Former Majority Leader Armey also called Medicare "a program that I would have no part of in a free world."

- Chicago Tribune, 7/11/95

"Now, we didn't get rid of it in round one because we don't think that that's politically smart and we don't think that's the right way to go through a transition. But we believe it's going to wither on the vine because we think people are voluntarily going to leave it."

- Former House Speaker Newt Gingrich, 10/24/95

"I was there fighting the fight, one of 12 voting against Medicare in 1965 because we knew it wouldn't work."

- Former Senator Bob Dole, 11/11/95

Lake • Snell • Perry
& ASSOCIATES, INC.

To: Interested Parties

From: Lake Snell Perry & Associates

Subject: Prescription Drug Message and Strategy

Date: June 24, 2003

We have analyzed the polling on the prescription drug plans and thought the following points on strategy and message would be useful:.

I. Voters dislike privatizing Medicare. Overall, 65 percent of voters oppose this idea. Seniors oppose privatization even more and by 72% to 16% prefer Medicare over private plans. Framing the debate with the proper language, however, matters a great deal and the Republicans are masters at this. While only 29 percent of all voters favor privatization, 70 percent favor "modernization", 68 percent favor "reform", and 86 percent favor "consumer choice", which they assume mean choice of doctor, not just choice of insurance plan.

   a. A bigger difficulty is that voters do not think the current plans sound like "privatization". They think it sounds like supplemental insurance, which seniors have now. They also assume that supplemental coverage will be guaranteed, lower cost, and permanent.

II. The biggest vulnerability for the Senate and House plans is the gap in coverage, or so-called "donut". When voters hear the plans stop at $xxx and do not cover costs until $yyy, they are outraged. In focus groups they say things like "what can they be thinking designing a plan that ends just when you need it most". Voters perceive that this will hurt a large number of seniors, particularly working and middle class seniors. When this was called a "donut", voters volunteered that "seniors would fall through the hole". Seventy two percent of voters disagree with this provision, and in a Republican poll by Zogby, when the plan was described with this provision, 16 percent favored it and 74 percent opposed it. Democrats should push hard that they have looked at the fine print and strongly oppose any plan that has such a provision.

III. The second strong attack is that the plans will leave seniors "at the mercy of the insurance companies". They offer "no guaranteed coverage", "no lowering of prices", and "insurance companies can drop coverage at any time".

a. Insurance companies are actively disliked by voters (76 percent unfavorable).

b. People assume that the insurance offered will be like supplemental insurance – with guaranteed, lifelong coverage and affordable. They are angry when they learn that it has "no guarantees" and "is not reliable".

c. People in focus groups questioned why they would need the government to provide such a poor plan. As they said in groups, they can go out and buy expensive coverage with no guarantees on the private market now.

IV. A third strong attack is that the plan would force seniors into HMO's. This obviously applies only to the House Republican plan. Seventy- two percent of older voters disagree with this provision. The numbers are even higher in rural areas. Seniors are adamant about not being forced into an HMO.

V. Finally, the plans should be attacked for doing nothing to get prices and costs under control. By three to one all voters would rather see cost-control measures than a benefit plan and seniors prefer cost-control measures over a benefit by two to one. Three quarters of voters favor government "setting limits on drug prices" including 75 percent of Republicans and 76 percent of Democrats. A whopping 91 percent favor "federal government negotiating with drug companies to get lower prices on prescription drugs for seniors" (including 91 percent of Republicans and 91 percent of Democrats).

a. Voters are angry to hear that there is a provision which forbids Medicare and HHS from negotiating for lower prices like the Veterans' Administration has done. Voters, especially seniors, are familiar with the VA model and believe it has been successful in lowering prices. A number of states have such plans as well and Governors have protested the inclusion of this provision.

b. Democrats can also be strong on a broader cost-control strategy. Voters support with two-thirds to three-quarters a number of provisions, including: not allowing pharmaceutical companies to deduct more for lobbying and public relations than they deduct for research and development; not allowing pharmaceutical companies to deduct money for advertising and encouraging the advertising money to go into lower prices; and not allowing companies to sell drugs for less abroad than they sell them for here. (Voters are particularly feisty when they hear there are six drug company lobbyist for every U.S. Senator.)

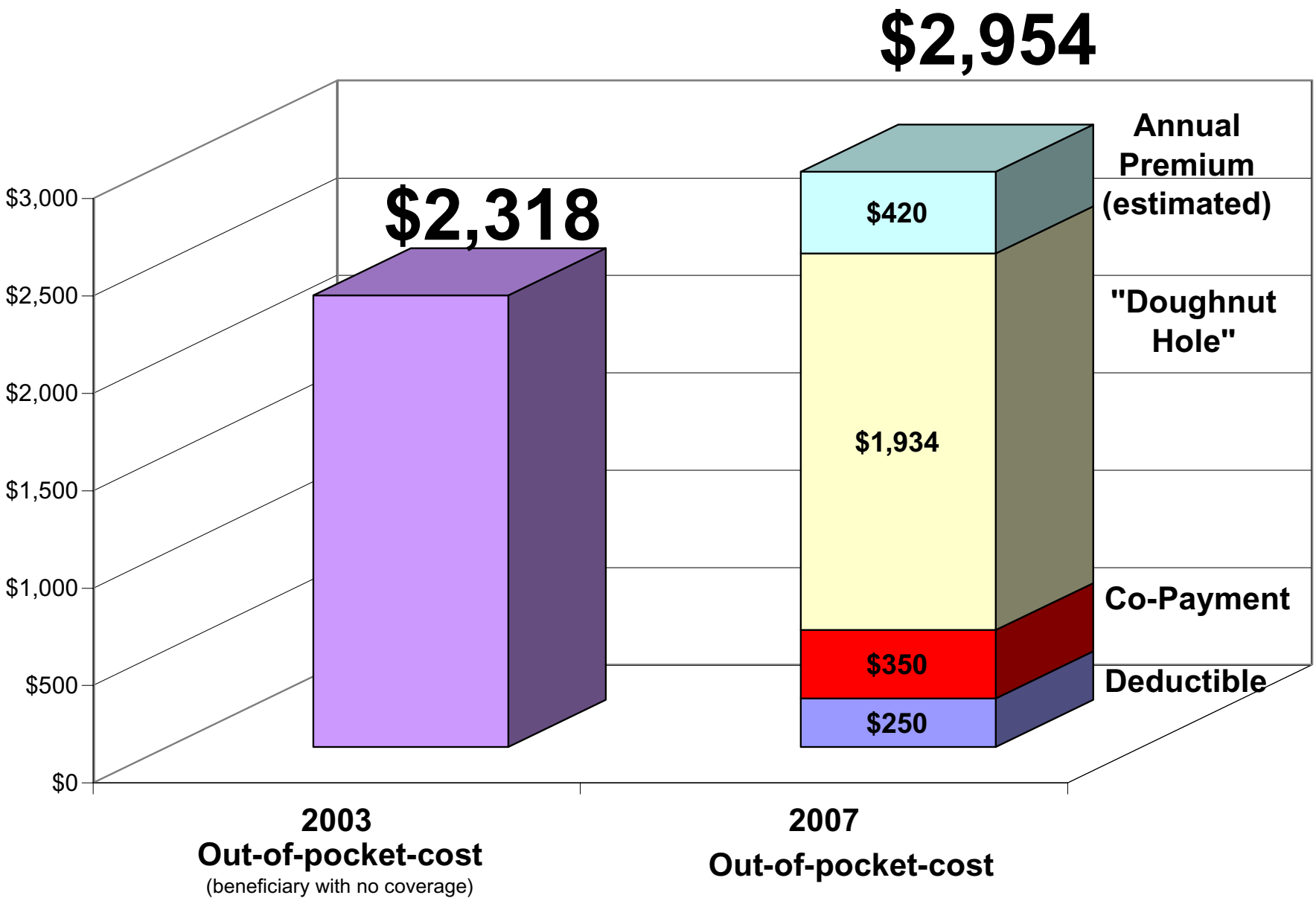
c. Voters find it difficult to distinguish between different versions of the plans. We know from the 2002 debate that 43 percent of all voters and half of seniors could not distinguish between the Democratic and Republican plans. Advancing a more distinctive cost-control agenda helps clarify the debate.

Under House GOP Bill, Seniors' Out-of-Pocket Drug Costs Remain Staggering

Beneficiary's annual drug costs	$1,500	$3,000	$4,500	$12,000
UNDER HOUSE BILL				
Deductible	$250	$250	$250	$250
Premium	$420	$420	$420	$420
Share of initial coverage	$250	$350	$350	$350
Gap in coverage		$1,000	$2,500	$2,900
Total cost to beneficiary	$920	$2,020	$3,520	$3,920

Source: The New York Times, p. A22, 6/26/03

Republican Medicare Prescription Drug Plan Does Not Help Average Medicare Beneficiary



Source: Consumers Union

NEWS FROM
Congressman
Joseph Crowley

NEW YORK 7TH DISTRICT

For Immediate Release
May 7, 2003
www.crowley.house.gov

Contact: Suzanne Anziska
(202) 225-3965
Pager/email: suzanne.anziska@mail.house.gov

Crowley Amendment to State Department Reauthorization Bill to Restore Funding to UNFPA Passed by House International Relations Committee

Washington, DC—Today, Congressman Joseph Crowley's (NY-07) amendment to the State Department Reauthorization bill was passed by a vote of 23-22 in the House International Relations Committee. The Crowley Amendment would restore funding to the United Nations Population Fund (UNFPA).

"I am pleased to offer this extremely important amendment," said Congressman Crowley. "Restoring U.S. funding for UNFPA programs is crucial to improving the health of women and their families and to addressing rapid population growth. UNFPA provides international leadership on population issues and is a key source of financial assistance for family planning programs in developing countries. It is a disgrace that the Bush Administration has held UNFPA funding back. By withholding our contribution to UNFPA, we send a strong message to women in the developing world that we choose not to help. This amendment will ensure that women and children in 150 countries in which UNFPA works, has the resources it needs to continue their good work."

The Crowley Amendment seeks to do two things. It provides $50 million per year for UNFPA for FY '04 and '05. Furthermore, it asks for clarification of Kemp-Kasten. The Kemp-Kasten provision in current law prohibits U.S. funding for an organization that "participates in the management of a program of coercive abortion or involuntary sterilization." According to Congressman Crowley, the Kemp-Kasten language is vague and unclear, and has been unevenly applied over the years, particularly in relation to UNFPA. "The Administration has used the Kemp-Kasten provision to cut off funding for UNFPA based on its activities in China, although UNFPA is actively working to convince the Chinese government to end coercive practices. My amendment maintains the protections in Kemp-Kasten while clarifying its intent by prohibiting U.S. funds from going to UNFPA only if it 'directly supports or participates in coercive abortion or sterilization.' This clarification is needed because of recent misapplication of Kemp-Kasten and the devastating consequences for poor women and men in 150 countries around the world," said Congressman Crowley.

With U.S. support, between 1998 and 2002 UNFPA implemented a program in 32 Chinese counties demonstrating to the Chinese government that voluntary family planning programs that reject a coercive approach would work in China and should be universally adopted there. Chinese Government birth quotas

-more-

were eliminated in these counties. Congressman Crowley continued, "It is interesting that UNFPA's presence in China is having positive, not harmful, effects. No mainstream human-rights organization has ever accused UNFPA of being complicit in violations being perpetrated by the Chinese government. Even the Bush Administration's own handpicked fact-finding team, which traveled to China last year, found no evidence that 'UNFPA has knowingly supported or participated in the management of a program of coercive abortion or involuntary sterilization in the PRC.' The team recommended that U.S. funds be released to UNFPA immediately. Yet the Administration did the exact opposite, and cancelled funding altogether. The Bush Administration is taking advantage of the vague nature of current legislative language. We cannot allow UNFPA's funding to be cut off unilaterally, with no evidence of wrongdoing, while the agency is working affirmatively to end human-rights abuses. My amendment reaffirms the U.S. opposition to coercion, while ensuring that mere politics cannot threaten family planning funding for the world's poorest women."

-End-

May 20, 2003

"In Africa, a place where outcasts can be reborn"

Dear Colleague,

We commend your attention to this article from Friday's *New York Times* (5/16/03) on the back of this page. Women are suffering from a horrible condition that can be prevented with the proper obstetric care. Fortunately, there are doctors like Dr. Catherine Hamlin who has spent the majority of her life tending to these women. With the work of the United Nations Population Fund (UNFPA), even more women can be protected from suffering through the horrors of fistula.

This is why we encourage you to cosponsor H.R. 1196, the UNFPA Funding Act of 2003. If you have questions, or to cosponsor, please have your staff contact Orly Isaacson of Rep. Maloney's staff at x5-7944 or Angela Ramirez of Rep. Crowley's staff at x5-3965.

Sincerely,

Alone And Ashamed

By NICHOLAS D. KRISTOF
785 words
16 May 2003
The New York Times
Page 27, Column 6
English

ADDIS ABABA, Ethiopia -- We in journalism tend to write about scoundrels, but today let me instead hail a saint for our age.

Dr. Catherine Hamlin, 79, is an Australian gynecologist who has spent the last 44 years in Addis Ababa, quietly toiling in impossible conditions to achieve the unimaginable. She has helped 24,000 women overcome obstetric fistulas, a condition almost unknown in the West but indescribably hideous for millions of sufferers in the poorest countries in the world.

It typically occurs when a teenage girl cannot deliver a baby because it is too big for her pelvis. After several days of labor without access to a doctor, the baby dies and the girl is left with a hole between her bladder, vagina and sometimes rectum. The result is that urine and sometimes feces drip constantly down her legs. In some cases, she is also left lame from nerve damage.

Women with fistulas stink and leave a trail of urine behind them. They are often abandoned by

their husbands and driven out by other villagers.

Take Mahabouba Mohammed, whom I met here in Addis Ababa. She had been sold into virtual slavery at the age of 8, raped by her master at 12 and then sent out into the bush at 13 to deliver the baby on her own. After a long labor, she delivered the dead baby herself but suffered crippling internal injuries, including a fistula.

Ms. Mohammed crawled back to the village, but the baby's father was horrified by her smell. He confined her in a faraway hut and removed the door -- so that hyenas, attracted by the odor, would tear her apart at night.

This girl fought off the hyenas and crawled for a day to reach an American missionary, who eventually brought her to the Addis Ababa Fistula Hospital that Dr. Hamlin heads. Dr. Hamlin was able to repair her fistula, and now Ms. Mohammed is a confident young nurse's aide at the hospital here.

These tales are common. Dr. Hamlin's hospital treats 2,500 women annually in Ethiopia, but each year 8,500 Ethiopian women develop new fistulas. In Nigeria, the Ministry of Women's Affairs estimates that some 800,000 women have unrepaired fistulas. In most countries, no one bothers to estimate the number of sufferers.

"These are the women most to be pitied in the world," said Dr. Hamlin. "They're alone in the world, ashamed of their injuries. For lepers, or AIDS victims, there are organizations that help. But nobody knows about these women or helps them."

Last year President Bush, upset by abortions in China, cut off all $34 million in U.S. funds to the U.N. Population Fund, which sponsors programs to prevent fistulas. That was unconscionable, yet my point today is not to complain again about that, but to hail those like Dr. Hamlin who have stepped up to the plate. Dr. Hamlin is known even to cynical aid workers as a saint and has been mentioned for a Nobel Peace Prize, which she richly deserves (her hospital's Web site is www.fistulahospital.org).

Meanwhile, two American women began the "34 Million Friends" campaign last year to get people to donate $1 each to make up the money that President Bush cut. They've just reached the $1 million mark -- the first half of which will go to preventing and treating fistulas in 13 countries (see www.unfpa.org).

Then there's the tireless Dr. Lewis Wall, an American who has repaired fistulas across Africa and is now begging for funds to build a fistula hospital in West Africa (see www.wfmic.org).

I know why most African governments have done nothing to help fistula sufferers: those women are the poorest, most stigmatized, voiceless people on the continent. But since it is difficult to imagine a more important women's issue in the third world than maternal health, I don't understand why most feminist organizations in the West have never shown interest in these women either.

Perhaps it's because Westerners can't conceive of the horror of obstetric fistulas (Americans haven't commonly suffered fistulas since the 19th century, when a fistula hospital stood on the site of today's Waldorf-Astoria Hotel in Manhattan). Or perhaps the issue doesn't galvanize women's groups because fistulas relate to a traditional child-bearing role.

But talk to the shy, despondent outcasts who are reborn in the Fistula Hospital here -- and you'll realize there is no higher mission, and that Dr. Hamlin is the new Mother Teresa of our age.

E-mail: nicholas@nytimes.com

UNFPA – the United Nations Population Fund

Background on the Crowley Provision
in the Department of State Authorization Act,
Fiscal Years 2004 and 2005 (H.R. 1950)

On May 8, 2003, the House International Relations Committee adopted an amendment offered by Rep. Joseph Crowley (D-NY) that would facilitate U.S. contributions to UNFPA, the United Nations Population Fund. A vote is likely on the House floor the week of July 14.

The Crowley provision clarifies current law under the "Kemp-Kasten" amendment that was first adopted in 1985 and bars U.S. funds to any international organization the president determines "supports or participates in the management" of forced abortion or sterilization. Crowley's proposal: 1) provides strict safeguards against the use of any kind of coercion in U.S.-funded family planning programs, 2) clarifies current law to enable U.S. funding to be used to help end coercion in China, and 3) provides badly needed maternal health and other services in poor countries.

Under the Crowley provision, U.S. support for the United Nations Population Fund is cut off if the fund "directly supports or participates in coercive abortion or involuntary sterilization."

Background

UNFPA, the United Nations Population Fund, is the single largest global source of multilateral funding for maternal health and family planning programs. The agency is supported by 136 donor countries around the world and supports programs in 150 developing countries. UNFPA programs:

- Help mothers deliver healthy babies through pre-natal care and safe-delivery kits and counseling;
- Enable couples to determine the number and spacing of their children through the voluntary use of safe modern contraception; and
- Reduce the incidence and prevent the transmission of HIV/AIDS and other sexually transmitted diseases.

UNFPA does not provide abortion or abortion services anywhere in the world. Not one penny of UNFPA funding is used to promote abortion.

All UNFPA activities are based solely on voluntary participation. UNFPA rejects coercion in any form in its activities, and works to end coercive practices by others.

The UNFPA Program in China

The Chinese government's so-called one-child policy unofficially involves some coercive abortion and involuntary sterilization practices. The United States and the United Nations stand on the side of human rights and work to put an end to these abuses. The UN Population Fund program in China was developed with the express purpose of moving China away from coercion and toward delivery of voluntary reproductive health services to its people, as another UNFPA program did in India in the early 1990s.. UNFPA has

operated in 32 Chinese counties, and the government of China has agreed in each of these counties that it would:

1. Lift all birth quotas and recruitment targets;
2. Improve the delivery of voluntary family planning information and services;
3. Eliminate the use of coercive measures;
4. Allow independent confirmation that targets and quotas have been lifted;
5. Allow independent investigation of any reports of coercion and the suspension of the UNFPA program in any county where violations have occurred; and
6. Allow regular independent monitoring to ensure compliance with the principles of informed choice and voluntary participation.

No mainstream human rights organization has ever accused UNFPA of being complicit in China's human rights violations.

President Bush's Decision to Cut UNFPA Funding

In May 2002, President Bush sent a three-member State Department team to China to investigate claims against UNFPA's work there. The team found **"no evidence that UNFPA has knowingly supported or participated in the management of a program of coercive abortion in the People's Republic of China."** The team recommended that **". . . $34 million which has already been appropriated be released to UNFPA."**

In July 2002, President Bush ignored the team's findings and cut off UNFPA's funding, saying UNFPA was in violation of the Kemp-Kasten amendment because it had provided a small number of computers and other equipment to the Chinese government and was therefore supporting China's management of its population policies.

This argument could have broad implications: the Chinese health ministry that works with UNFPA to develop a voluntary reproductive health program is the same agency that works with HHS Secretary Tommy Thompson on HIV/AIDS prevention and with other UN agencies including UNICEF and the World Health Organization on maternal and child health programs, infectious diseases and other health-related programs.

UNFPA supporters agree that U.S. funds should never go to promote coercive population practices in China or anywhere else, but they should be available to help *end* human rights violations where they exist. **The Crowley provision contains strong human rights safeguards but will not hamstring efforts to help end violations in China.**

Cutting off funding to UNFPA harms millions of women and children in some of the poorest nations on earth and does nothing to help women in China. UNFPA officials estimate that the lost $34 million would prevent 2 million unwanted pregnancies, nearly 800,000 induced abortions, 4,700 maternal deaths, nearly 60,000 cases of maternal illness or disability, and 77,000 infant and child deaths.

In its most recent floor vote funding UNFPA, the House of Representatives voted 221-198 to provide funding in 1999.

Text of Amendment offered by Rep. Crowley

Authorizes $50,000,000 per year for Fiscal Year 2004 and Fiscal Year 2005

At the appropriate place in the text insert:

> **SEC. __. Permanent guidelines for United States voluntary contributions to the United Nations Population Fund.**
>
> Section 301 of the Foreign Assistance Act of 1961 (22 U.S.C. 2221) is amended by inserting after subsection (a) the following new subsection:
>
> "(b) (1) for fiscal years after fiscal year 2002, funds appropriated to the President or Department of State under any law for a voluntary contribution to the United Nations Population Fund (UNFPA) shall be obligated and expended for such purpose not less than 30 days after such funds become available unless the President certifies to the Congress that the United Nations Population Fund directly supports or participates in coercive abortion or involuntary sterilization. The certification authority of the President under this subsection may not be delegated.
>
> "(2) For purposes of this section: The term 'directly supports or participates in coercive abortion or involuntary sterilization' means knowingly and intentionally working with a purpose to continue, advance, or expand the practice of coercive abortion or involuntary sterilization, or playing a primary and essential role in the coercive or involuntary aspect[s] of a country's family planning program.

For more information, go to www.PLANetWIRE.org

July 2003

Head Start Fact Sheet

- In 2002, Head Start served 902,653 children, including over 62,000 infants and toddlers in Early Head Start.

Demographics

- Ethnicity of Head Start children: 32% Black or African American; 30% Hispanic or Latino; 28% White; 3% American Indian or Alaskan Native; 2% Asian; 1% Hawaiian or other Pacific Islander

- Primary language of Head Start children: 74% English; 21% Spanish; 1% Asian languages; 0.3% Native American languages; 3% other.

- Parent education levels: 45% high school graduate or GED; 33% less than high school graduate; 18% some college, vocational, or associate's degree; 4% advanced degree.

Child Services – In addition to its academic curriculum, Head Start provides an array of comprehensive services to children, including health and mental health services, that are critical to children arriving at school ready to succeed. Below are some examples of services provided in 2002.

- 869,434 children (89%) received medical screenings and 24% were diagnosed as needing treatment.

- More than 47,000 children received services for asthma

- More than 21,000 children received treatment for anemia;

- More than 20,000 children received treatment for hearing difficulties;

- More than 25,000 received treatment for vision problems;

- More than 39,000 children received services for problems with being overweight.

- 78% of children completed dental exams

- 93% of children received immunizations

- 13% of children were determined to have a disability, half of whom were diagnosed during the program.

- The most common disability was speech or language impairments, with over 71,000 children demonstrating speech or language impairments.

- 93% of children with disabilities received special services

- Average number of hours mental health professionals spend on site at programs – 88/month

Parent Services – Head Start prioritizes parent involvement and services because parents are children's most important and influential teachers and therefore central to quality early education. Below are some examples of parent services provided in 2002.

- Over 867,000 Head Start parents volunteered in their local program.

- 32% of parents (over 296,000) received parenting education through program services and referrals.

- Over 246,000 parents received health education through program services and referrals.

- More than 95,000 parents received adult education through program services and referrals.

- More than 69,000 parents received mental health services through program services and referrals.

- More than 49,000 parents receive ESL training through program services and referrals.

- More than 133,000 Head Start fathers participated in organized regularly scheduled activities designed to involve them in Head Start and Early Head Start programs.

Democratic Principles for Head Start

Expanding Access - Improving Quality - Promoting School Readiness

Access

Fully-fund Head Start over five years to expand access to *all* eligible preschoolers

Expand Early Head Start (EHS) to serve more infants and toddler

Improve access to Migrant and Seasonal Head Start (MSHS)

Improve flexibility of Head Start programs to meet community needs

Quality

Improve teacher quality by requiring more teachers have bachelor's degrees and making sure Head Start teachers are properly compensated so they remain with Head Start

Strengthen the monitoring and evaluation of Head Start programs to improve program accountability

School Readiness

Enhance Head Start's focus on pre-literacy, language and pre-math skills

Improve coordination between Head Start and *local* schools to better align standards and improve transition to kindergarten

Strengthen coordination between Head Start and state early education programs

Background

Head Start, started in 1964 under President Johnson, is a highly successful comprehensive early education and child development program for low-income children, and their families. Head Start serves children ages 3-5, Early Head Start serves infants and toddlers birth through two years as well as pregnant women, and Migrant and Seasonal Head Start serves children, birth to five years old, of migrant and seasonal farm workers. Head Start currently serves over 900,000 children and families with the goal of helping children reach school ready to succeed. Head Start programs are directly funded by the federal government and must meet numerous specific federal program performance standards. It is this combination of local control with strong federal quality standards that has helped make Head Start highly successful. In addition to providing

research-based academic curricula which teaches reading, writing, mathematics and language skills, Head Start also provides an array of comprehensive services proven to increase school readiness, such as health and mental health screenings and services, nutrition, dental and vision services, and extensive parent involvement and education.

Head Start is one of the most evaluated education programs, and there is no doubt it has helped millions of children do better in school and achieve more in life. Children who attend Head Start make gains in vocabulary, early writing, letter recognition and social behavior, and they enter school better prepared than low income children who do not attend Head Start. Head Start students show increases in IQ scores, are less likely to need special education services, are less likely to repeat a grade, are less likely to commit crimes in adolescence, and are more likely to graduate from high school. While Head Start does not eliminate the achievement gap between Head Start students and their more advantaged peers, child development and poverty experts explain that it is totally unrealistic to expect any one program to overcome the devastations of poverty. Head Start is designed to give low income children the best possible education program to help them arrive at school more prepared than if they had not entered the program, and it unquestionably accomplishes this important goal.

This is an important time for Head Start. The Bush Administration and House Republicans have introduced legislation (H.R. 2210) that will dismantle Head Start by turning it into a block grant. Under the guise of improving child outcomes and state collaboration, the Republican legislation would block grant the program to eight states with unproven and untested preschool programs and would eliminate Head Start's comprehensive standards, lower the quality of services, and minimize accountability. The Republican bill represents a major attack low income children and families.

Instead of dismantling a successful program, House Democrats believe the focus should be on keeping the Head Start program intact and strengthening the program so this country's poorest children can receive the high quality, comprehensive early education they need to achieve in school and reach their full potential.

House Democrats support the following principles for this year's reauthorization:

- **Fully-fund Head Start over five years to expand access to all eligible preschoolers.** Head Start serves children 3-5 whose family income is at or below the federal poverty line. The 2003 poverty line for a family of 3 is $15,260. Currently, only 6 of 10 eligible preschool children receive Head Start because of inadequate funding. Despite the President's claim that "We must make sure that every child enters school ready to learn - every child - not just one, not just a few, but every, single child," the Republican budget for FY04 provides just enough money for Head Start to cover the cost of inflation, leaving hundreds of thousands of poor children unable to attend Head Start. This Democratic priority was defeated in Committee on party lines.

- **Improve teacher quality by requiring more teachers have bachelor's degrees and making sure Head Start teachers are properly compensated so they remain with Head Start.** Increasing teacher quality in Head Start is the central element to improving overall program quality and helping more children reach kindergarten better prepared to succeed. Research finds that teacher education is related to better outcomes in children's cognitive, social and emotional development. However, attracting high quality teachers to Head Start is difficult because Head Start teachers make about $21,000/year, half of what kindergarten teachers make. In order to pay more than lip service to teacher quality, resources must be provided to raise teacher salaries and help teachers get the proper education. This Democratic priority was defeated in Committee on party lines.

- **Improve access to Migrant and Seasonal Head Start (MSHS).** MSHS programs operate seasonally to meet the needs of children and families as they harvest crops, seeking to break the cycle of poverty created by moving from place to place by offering high quality child education programs for children ages birth to school entry age. Currently, the program serves only 19% of children eligible for MSHS. Increasing the set-aside for MSHS so that more eligible children may be served is important for making sure more eligible children benefit from this program. This Democratic priority was defeated in Committee on party lines.

- **Expand access to Early Head Start (EHS) to serve more infants and toddlers**. EHS helps promote infant and toddler cognitive development and social interaction. EHS also helps parents develop important parenting skills, such as reading and playing more with their children, which affects children's school readiness. However, EHS is only funded to serve 3% of eligible children. Science shows that birth-to-three is a very important time in child development and more must be done to serve these infants and toddlers in need. This Democratic priority was defeated in Committee on party lines.

- **Enhance Head Start's focus on pre-literacy, language and pre-math skills**. Head Start academic performance standards ensure programs use proven curricula that develop children's cognitive development and academic skills. But since experts are learning more about best practices in early education, Head Start's academic standards should be reviewed by an independent group of experts and guidelines should be developed for ensuring Head Start's academic components incorporate the best scientific knowledge in early childhood education. Programs also need a continued commitment to training and technical assistance to ensure all Head Start centers are providing the best early childhood education possible.

- **Strengthen coordination between Head Start and state early education programs.** Head Start programs currently collaborate with many types of state and local early education and child care programs. Improving the mechanism for coordination and collaboration will help communities better serve children. A Head Start State Collaboration office currently operates in every state. Their role should be expanded to develop statewide plans for early education that improve efficiency between programs, align professional development and curriculum standards in order to promote school readiness; and assists the governor in convening a state level policy and planning advisory on coordination of early care and education. This Democratic priority was defeated in Committee on party lines.

- **Enhance coordination between Head Start and local schools to better align standards and improve transition to kindergarten.** Head Start programs and local education agencies should work closely together to develop compatible and appropriate standards and benchmarks for child achievement. Better partnerships will help Head Start children transition into kindergarten and achieve more in school.

- **Improve outreach and services for LEP children and families**. LEP student enrollments increased in 42 states in the 2000 school year. In 2002, five year-old students entered our school system speaking over 200 different languages (76% spoke Spanish). These demographic trends underscore the need for federal efforts to help LEP children have access to early education programs that address the specific needs of LEP children and their families. It is important that Head Start improves parent outreach and services for LEP parents as well as creates plans to most appropriately help LEP Head Start students reach school ready to succeed.

- **Strengthen the monitoring and evaluation of Head Start programs to improve program accountability.** HHS extensively reviews Head Start programs every three years. However, monitoring should occur more frequently to ensure continual program quality. Improvement plans should be more carefully monitored by HHS and programs with continuing problems should be provided better training and technical assistance and terminated where appropriate.

- **Improve flexibility of Head Start programs to meet community needs**. Many Head Start classrooms have long waiting lists and continually full enrollment. But in some communities, programs have some on-going vacancies. Head Start programs and DHHS need greater flexibility for coordination with community needs in such instances. Head Start programs should be able to apply for permission to serve younger children or children from low-income families above the poverty line in instances where a local community needs assessment determines such flexibility would better serve the children and families in the community.

Key Problems with Republican Head Start Bill

Title 1 – Amends law for Head Start centers in non-block grant states

Authorization Only Covers Inflation

- Bill authorizes a 2.9% increase in funding ($200 million); Labor-H appropriates only a 2.2% increase in funding ($148 million).

- This funding just barely covers inflation and allows almost no program expansion. Growth is greatly needed since inadequate funding allows Head Start to only serve: 60% of eligible preschoolers; 3% of eligible infants and toddlers; and 19% of children of migrant and seasonal farm workers.

No Resources for Teacher Quality

- The bill makes important quality improvements by increasing teacher credential requirements but provides almost no money to increase teacher salaries or assist with teacher education.

- Head Start teachers make about half of what kindergarten teachers make so increasing salaries is necessary for Head Start to attract and retain highly qualified teachers.

- HR 2210 provides about $400,000 for teacher salaries and education, over $340 million short of what is needed next year and 2 billion short of what is needed over the lifetime of the bill.

Decreases Money for Quality Improvements

- Under current law, HHS must reserve "no less than 2%" of Head Start appropriations for training and technical assistance (T/TA). HHS spends about 2.5%.

- HHS and local centers use these funds to make continuous improvements in program quality and services. For example, it is used to update teachers on best practices for teaching reading and math skills.

- HR 2210 decreases the set-aside from "at least 2%" to "1% - 2%" – this means $70 million in cuts for program improvements just next year.

Permits Discrimination in Hiring

- HR 2210 repeals longstanding civil rights protections for employees of Head Start programs operating through faith-based organizations.

- Allows taxpayer dollars to be used to support discrimination in hiring based on religion.

Weakens Federal Oversight

- Current law requires HHS to thorough review all Head Start grantees every three years (one-third are evaluated per year). Knowledgeable HHS employees must directly supervise these reviews and conduct the reviews to the maximum extent practicable.

- HR 2210 decreases program accountability and federal oversight by allowing these important reviews to be entirely contracted out to non-HHS persons.

Title II – Creates State Block Grant

Dismantles Head Start Program

- Creates new block grant program for eight states without requiring any of the federal Head Start program performance standards.

- Allows states to run "Head Start" programs with: lower educational standards; minimal comprehensive services; less oversight and accountability; no evidence that they do an equally good or better job than Head Start.

- Allows states to supplant federal dollars spent on early education.

- Deems state plans approved by the Secretary by default.

- Allows states to immediately de-fund current centers if they don't meet the state plan requirements.

The Truth About the Republican Head Start Block Grant

Republicans want the public to believe their legislation won't harm the future of Head Start. But, their legislation and press releases on the reauthorization of the Head Start Act (H.R. 2210) are filled with empty rhetoric and just provide another example of the credibility gap between what they say and what they do.

Whether 8 states or 50, Title II of the Republican bill is a block grant that establishes no real system for ensuring quality, comprehensive services, accountability or performance. It has been denounced by thousands of constituents, many editorial boards, dozens of groups and all Democratic Members of the Education and Workforce Committee.

The GOP insist that there are 16 requirements that states must meet in order to be approved for the block grant. These claims are misleading and deceptive. They simply do not add up – numerically or substantively.

A careful look at HR 2210 demonstrates their bill is based more in conservative ideology than good policy for children and that their rhetoric doesn't match the reality. This is not about a battle of words, spin or press. The facts are that HR 2210 will lead to the demise of Head Start.

The following charts demonstrate the myths and facts about what the GOP says is in the bill and what the bill actually does:

Examples of What States Can Do Under the Republican Head Start Block Grant:

- Cut off all services to 3 year olds
- Supplant early education $
- Increase class size
- Increase child-staff ratios
- Eliminate adult literacy services
- Eliminate parent classroom involvement
- Use unproven and untested academic curricula
- Eliminate mental health screenings and services
- Reduce the number of hours per day
- Reduce education quality standards
- Eliminate vision services
- Eliminate dental exams
- Eliminate health education
- Eliminate nutrition education
- Eliminate health screenings and services
- Eliminate home visits and emergency/crisis assistance

GOP CLAIMS	FACTS
Eligibility criteria for states to qualify for a block grant "**virtually rule out any state that could not guarantee services for poor children that are as good as, or better than**" Head Start. (press release)	· **States are <u>not</u> required to show that they would do a better job than Head Start**. States could continue to receive a block grant forever even if they <u>never provide services that are as good as or better than Head Start.</u> · States must only *have* a preschool program – any preschool program. There are <u>no</u> standards or requirements regarding the quality of the program. · States must only *have* school readiness standards any standards. There are <u>no</u> definitions regarding these standards and <u>no</u> requirement the standards be as rigorous or as high quality as Head Start.
The block grant is the solution to coordination and collaboration and will lead to better results for children. (press release) The block grant will improve Head Start by "reducing inefficiencies and eliminating overlap" (press release)	· **Head Start already collaborates extensively with numerous programs, schools, cities, counties, and others.** · Every state has a Head Start State Collaboration Office whose duties entail fostering collaboration and coordination within the state. · The Head Start statute has stronger collaboration requirements for the 42 non-block grant states than it does for the 8 states that would receive block grants under Title II. · Republicans rejected a Democratic amendment in Committee that would have strengthened collaboration/coordination in all 50 states.
"States must have **school readiness standards that meet or exceed Head Start standards**." (press release)	**This is an out and out fabrication.** · "School readiness" is never defined. · Nothing requires that states have school readiness standards that meet or exceed the specific Head Start performance standards.

GOP CLAIMS	FACTS
Head Start does not close the "school readiness gap" between Head Start children and their more advantaged peers. The State block grant title of this bill is the answer to underachievement. (press release) · Head Start children lag behind children who attend other pre-kindergarten programs. (press release) · Head Start does not work well enough. The block grant plan will address this. (press release) · "The original goal of the Head Start program in 1965 was to ensure that children from disadvantaged backgrounds could begin school on an equal footing with middle class children." (press release)	**Head Start Works** · Head Start children show improvement in vocabulary, early writing skills, letter recognition and social behavior relative to national norms, and the program narrows the school readiness gap. · Head Start children show IQ gains, are more likely to graduate from high school, and are less likely to -- need special education, repeat a grade, commit crimes -- than low-income children who do not attend Head Start. · No state pre-kindergarten program has ever been demonstrated to be as effective than Head Start. · Child developments explain that it is "totally unrealistic" to expect Head Start or any other early education program to eliminate the school readiness gap. Head Start was never meant to be a program that could single-handedly overcome the effects of poverty.
States must have high standards "to ensure that children in the participating states continue to **receive services that are as good as, or better than…Head Start**" (press release) State standards must "**generally** meet or exceed the standards that ensure the quality and effectiveness of programs operated by Head Start" (bill)	**State programs are <u>not</u> required to meet any of the Federal Head Start program performance standards.** · "Generally" meeting Head Start standards has no legislative impact and creates no mandate to States, which is why the GOP used the term. · The House GOP opposes imposing Head Start's high standards on State programs. · In fact, the bill actually frees the 8 block grant states from abiding by the same performance standards as local programs in the other 42 states.
The bill would "**strengthen the academic focus of Head Start**." (press release)	**The block grant weakens educational standards.** · The block grant specifies no minimum thresholds on child-staff ratios, class size, or curriculum content – all important components of program quality. · Head Start education standards are thorough and strongly based in science. · There is not one provision in the block grant that strengthens the academic focus above Head Start programs not subjected to the block grant.

GOP CLAIMS	FACTS
The bill would "**preserve comprehensive services**." (press release) "States must provide the full range of services that are at least as expansive as Head Start standards." (press release) "the State shall provide **services** described in section 641A **at least as extensive** as were provided" by Head Start (bill)	**The block grant guts the quality comprehensive services.** · The block grant requires states provide health, parent, nutritional and social services but exempts states from the regulations that spell out the nature, extent and quality of Head Start services. · Brochures and referrals could take the place of actual on-site screenings, services and staff follow-up. · In fact, the block grant emphasizes providing services through referrals of families to outside services, essentially encouraging states to provide a lower level of services.
State cannot reduce state or local spending and federal funds cannot supplant any other local, state or federal money (press release)	**Federal funds <u>can</u> legally be supplanted.** · The bill states: "Funds received under this section shall not supplant <u>any non-Federal</u>, State or local funds that would otherwise be used for activities authorized under this section or similar activities carried out in the State."
Federal oversight is maintained. Dept. of Health and Human Services must approve state block grant plans. (press release)	**State plans are approved automatically unless they are *later* rejected by the Secretary!** **Oversight is greatly diminished.** · State plans are approved by default. The bill specifies that plans "shall be deemed to be approved by the Secretary" unless the Secretary decides otherwise "in a reasonable period of time." · State-run programs are no longer monitored by the current HHS Prism reviews – thorough triennial on-site evaluations and quality reviews of Head Start programs.
Block grant states must continue to utilize the same Head Start centers and fund the grantees at the same level for 3 years. (press release)	Bill provides a loophole that a center can be immediately de-funded if it doesn't meet requirements in state plan. States could simply write requirements regarding governance, program size, or other aspects of local programs in way that local programs would automatically be excluded.